

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1146

State File No.

BIRTH NO. REG. DIST. NO: 144 PRIMARY REG. DIST. NO. 4236 Registrar's No.

1. PLACE OF DEATH a. COUNTY IRON.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY IRON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DES ARC, MO. UNION				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DES ARC.			
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) ERNEST		b. (Middle) PLATLY		c. (Last) ELDRIDGE	
4. DATE OF DEATH		(Month) I		(Day) 22		(Year) 49	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 2/12/1893		9. AGE (In years last birthday) 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) VULCAN, MO.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME OBDDAR ELDRIDGE		13b. MOTHER'S MAIDEN NAME SARAH RUBLE		14. NAME OF HUSBAND OR WIFE IRA ELDRIDGE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) NO		16. SOCIAL SECURITY NO. 492-01-4741		17. INFORMANT'S SIGNATURE OR NAME <i>Raymond Eldridge - Son</i>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) SHOT HIM SELF IN THE HEAD DUE TO (c) WITH A SHOT GUN. INSTANT DEATH II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 6911				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Des Arc Iron Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) I 22 49. noon	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Discharged a shot gun in Head into brain					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>C. A. Howell</i>				23b. ADDRESS Carover Ironton Mo.		23c. DATE SIGNED 1/24/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE I/27/49		24c. NAME OF CEMETERY OR CREMATORY Des Arc		24d. LOCATION (City, town, or county) (State) Des Arc, Mo.	
DATE REC'D BY LOCAL REG. Jan 31-49		REGISTRAR'S SIGNATURE <i>Mrs. Ann Jones</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>C. A. Howell</i>		ADDRESS Ironton Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Death Officer No. 4
249-15
Date 2-6-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

C.A. Howell

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

C.A. Howell

Licensed Embalmer No. 3670

P. O. Address. Houston, Tex

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.